

Fax 40 (605) 773-6580

State of South Dakota Campaign Finance Disclosure Statement

Full Name of Committee: David Allen for Se	RECEIVED
	Lectric sola Yahoo. Com S.D. SEC, OF STATE
Committee Street Address	57078
Committee Postal Address	
Name of Person Making Report Daystime T	Clephane # Evening Telephane #
If Candidate Committee, please note office being sought, and District # (If applicable)	Political party affiliation (if arry)
ff Ballot Question Committee, Ballot Question number or letter.	Supporting? Opposing?
Type of Campaign Statement: Pre-Primary Pre-Convention Pre-General Year	F-End Amendment Supplement Termination
VERIFICATION OF PERSON MAKING REPORT	County, municipal and school candidates file this statement with the person in charge of the local election.
(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer respon-	Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office.
sible for filing to a civil penalty per day for each day of that the statement remains delinquent. A g so 5 Date	Secretary of State, Elections Department 500 East Capitol Ave., Ste 204 Pierre, SD 57501 p: 605-773-3537 f: 605-773-6580 e-mail to kea.warne@state.sd.us
Date File Signature of Freasurer Signature of Freasurer	Fax and e-mail images must contain the signature(s).
The state of the s	(

INCOME

Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter total of all unitemized contributions (\$100 or less each from individuals) here:	\$ Ø .
	line item Al

Enter all itemized contributions (\$100.	01 or more each from individuals) below:		
Name	Residential (Street) Address including city, state and zlp	T	Amoun
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emized Contributions - Enter tota	of all itemized contributions (\$100.01 or more each from individuals):	\$	Ch

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Line item A2

SUMMARY OF INCOME AND EXPENDITURES

Balance of	f cash and cash equivalents on hand, if any, at the beginning of the re	eporting period:	s Ø.
		Income	Expenses
	Candidate's Personal Contribution to Own Campaign	\$.	
Income:			
	Uniternized Contributions (A1)	\$.	
	Itemized Contributions (A2)	\$	
	Contributions from Organizations (81)	\$.	
	Contributions from Political Parties (C1)	\$.	
	Contributions from In-State PACs (D1)	\$	
	Contributions from Out-of-State or Federal PACs (D2)	\$.	
	Contributions from Candidate Committees (E1)	s .	
	Other Income (G1)	S .	
	Expenditures from an external source to establish a committee (H1)	\$.	
Expenditures			
	Operational Expenditures (X1)		\$.
	Contributions to Candidates and Committees (X2)		5
	Debts and Obligations Owed by the Committee (X3)		\$.
·			
Loan Activity			
· · · · ·	Monetary loan made to this Committee during reporting period (Y1)	s .	
	Monetary loan repaid to this Committee during reporting period (Y2)		\$
·			
Am	ount on hand at the end of the reporting period:	\$	Ø

*Note: You cannot end the reporting period with a negative balance.

in-Kind Contributions (F1) which are not included in your ending balance \$____

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